



STATE ASSURANCE FUND Reimbursement Application

WHEN TO USE: This is the required format – for the Eligible Person (Applicant) to use when corrective action work, which has not been preapproved by ADEQ, has already been completed (NOTE: the Direct Payment application is the appropriate form for submitting costs for the activities that were preapproved).

In addition to the content specified within, use of black or dark blue print on white 8.5" by 11" paper is required for the application form. Additional information provided to document claimed corrective actions (i.e. drawings, blue prints, site plans, etc.) may be presented in other formats.

THIS APPLICATION INCLUDES:

The Reimbursement Application Form, which is required to be completed.

The Primary Provider Invoice Checklist, which is required to be completed.

The Amount Claimed Summary Worksheet, which is required to be completed.

The Work Claimed Summary Form is also included. This is an optional form that the Applicant may choose to complete to provide information that may assist ADEQ in evaluation of the corrective actions.

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE ASSURANCE FUND**

REIMBURSEMENT APPLICATION

Mail or hand deliver one original and one copy of this completed application form and all attachments, except any tax return or other financial information is to be attached to the original only, to the below address:

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
SAF Administrator
Mail Code 6415B-2
1110 West Washington Street
Phoenix, AZ 85007

ADEQ received stamp:

SECTION I – ELIGIBLE PERSON (APPLICANT) INFORMATION:

A. Name of Applicant: _____

B. Mailing address: _____
(street, city, state, zip code)

C. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

D. Department Assigned Identification (Owner ID) No.: _____

E. Applicant Status (check all that apply):

____ Owner - A.R.S. § 49-1001.01

____ Volunteer - A.R.S. § 49-1052 (I)

____ Operator - A.R.S. § 49-1001(9)

____ Political Subdivision - A.R.S. § 49-1052 (H)

F. Applicant contact person (if different from the Applicant identified above):

1. Name and Relationship to the Applicant: _____

2. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

3. Mailing address: _____
(street, city, state, zip code)

SECTION II - FACILITY INFORMATION

- A. ADEQ assigned facility identification no.: 0-0
- B. Facility name: _____
- C. Facility address: _____
- D. LUST¹ file no.: _____
Release Number(s)²: _____

Footnotes for Section II:

1: LUST file number – Leaking Underground Storage Tank (LUST) file number, this refers to the ADEQ assigned four digit number associated with the release(s) confirmed at the site.

2: Release number(s) – refers to the ADEQ assigned number that follow the four digit LUST number (ex: .01)

NOTE: If costs associated with more than one release are claimed on this application, the applicant must complete the “Multiple Release Allocation” table below (if additional lines are required, please attach a separate table set up in the same format):

SECTION III – APPLICATION SPECIFIC INFORMATION

This percentage split represents the best estimate of how costs claimed on this application should be allocated to each release based on corrective actions associated with each release:

Release No.	Percentage Allocated for this Release
Total	Must equal 100%

SECTION IV – APPLICATION SPECIFIC FORMS

To complete this section, the following forms must be completed:

- A. Primary Provider Invoice Checklist
- B. Amount Claimed Summary Worksheet

SECTION V – FINANCIAL NEED PRIORITY RANKING NOTIFICATION

- ☐ I waive my right to have a financial need evaluation completed for this application.
- ☐ Notify me if ranking of SAF payment may be necessary so that I may provide necessary financial information.

SECTION VI - CORRECTIVE ACTION SERVICE PROVIDER INFORMATION

A. Corrective Action Service Provider (firm): _____

1. Contact Person: _____

2. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

3. Mailing address: _____
(street, city, state, zip code)

SECTION VII - REIMBURSEMENT APPLICATION CONTENTS

This Reimbursement Application consists of one original and one complete copy of the Reimbursement Application form and all of its attachments, which are:

- ☐ Completed Amount Claimed Summary Worksheet;
- ☐ Primary Invoice Provider Checklist;
- ☐ Primary Service Provider invoice(s);
- ☐ Sub-Contractor invoice(s);
- ☐ Proof of Payment(s) if applicable;
- ☐ IRS Form W-9 for warrant payee (Please note, if the payee is not the Eligible Person, this is authorization for the Arizona Department of Environmental Quality to make payment from the SAF to the person indicated above and constitutes a waiver by the Eligible Person to any claim the Eligible Person may have to any costs of eligible activities approved on this Reimbursement Application.);
- ☐ Optional Work Claimed Summary Form

SECTION VIII - CERTIFICATION STATEMENT: APPLICANT

This certification statement, in its entire ADEQ prescribed form, must be signed by the Eligible Person (Applicant). This certification statement, signatures and Notarization must all be on the same page. All signatures must be original. No reproduced or copied signatures will be accepted.

Certification:

I hereby certify that I have reviewed the attached invoices in the amount of \$ _____. I certify that I have paid or have agreed to pay the remaining costs (not covered by the State Assurance Fund) as demonstrated in an existing agreement. All of the costs claimed in this Reimbursement Application are costs that have not been previously paid from the State Assurance Fund.

-A volunteer may line through the immediately below paragraph (only)-

I certify that my consultant, representative, agent or I have not been reimbursed by insurance for the corrective actions that are the subject of this Reimbursement Application. I agree to report to the Department any payment or reimbursement from insurance to me or my consultant, representative or agent for corrective action costs included in this Reimbursement Application.

I further declare under penalty of perjury that all facts and statements set forth as part of this Reimbursement Application are true and correct to the best of my knowledge, information, and belief. To the best of my knowledge and belief, all invoices submitted with this Reimbursement Application result directly from the actual performance of the eligible activities that are the subject of this Reimbursement Application and represent the actual costs incurred by me for performance of such eligible activities.

I direct ADEQ to make payment of all approved costs on this Reimbursement Application as follows:

Name(s) to appear on the payment warrant*: (please specify individual name, company or organization):

Address where warrant is to be sent (street, city, state, zip code):

S.S.N.

E.I.N.

Social Security Number or Employer Identification (Federal Tax) Number of the payee. Attach a completed IRS Form W-9 for the payee.

<p>_____ Signature of Applicant</p> <p>_____ Printed Name</p> <p>_____ Relationship to Eligible Person</p>	<p>Sworn to and subscribed this: ____ day of _____, 20__</p> <p>_____ Notary Public Signature</p> <p>_____ My commission expires</p> <p>County of _____, State of ____</p>
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SECTION IX - CERTIFICATION STATEMENT:

CORRECTIVE ACTION SERVICE PROVIDER

This certification statement, in its entire ADEQ prescribed form, must be signed by the primary service provider. All signatures must be original and notarized, no reproduced or copied signatures will be accepted. This certification statement, signatures and Notarization must all be on the same page.

I hereby declare under penalty of perjury that I have managed, supervised and/or performed the corrective action work that is the subject of this Reimbursement Application. To the best of my knowledge and belief, all invoices submitted by me or my company and/or other service providers with this Reimbursement Application result directly from the actual performance of the eligible activities that are the subject of this Reimbursement Application and represent the actual costs incurred for performance of such eligible activities. All of the costs claimed in this Reimbursement Application are costs that have not been previously paid from the State Assurance Fund.

<hr/> Service Provider's Signature	Sworn to and subscribed this: ____ day of _____, 20____
<hr/> Printed Name/Title	<hr/> Notary Public Signature
<hr/> Company Name	<hr/> My commission expires
	County of _____ . State of _____

COMMON ISSUES IDENTIFIED DURING APPLICATION PROCESSING:

1. Certification Statement not signed by the applicant and not notarized.
2. Amount claimed on Certification Statement does not match amount claimed on Worksheet.
3. No/Inadequate proof of payment.
4. Outdated applicant contact information.
5. Activities and costs claimed cannot be linked to documentation on file at ADEQ.
6. Report that documents activities claimed is not on file with ADEQ.
7. Missing primary provider invoice check list for each primary provider.
8. Rates claimed on cost worksheet are not supported by invoice detail.
9. Incomplete Worksheet (missing codes, missing unit rates, etc.).
10. Inadequate detail for costs claimed.
11. Missing invoices and receipts to support costs claimed.